

Driver Information Exchange

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| INVESTIGATING AGENCY ILLINOIS STATE POLICE | OFFICER'S NAME / (ID) Joe J. Officer / (145) | AGENCY RPT NO. 09-04-00000 | MCR ID ISP-145-20040526-154159 |
| COUNTY SANGAMON | CITY OR TOWNSHIP CHATHAM TWP | CRASH LOCATION ADDRESS State Route 4 (NB), 0.69 Mi. - S, ALPHA RD | CRASH DATE 05/26/2004 |

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| Unit 1 | DRIVER'S NAME (Last, First, M.I.) SIMPSON, HOMER, J | DRIVER'S PHONE (217) 555-1212 | YEAR, MAKE, MODEL 1995, FORD, GRANADA | |
| | DRIVER'S ADDRESS (Street, City, State, Zip) 23 EVERGREEN TERRACE, SPRINGFIELD, IL, 62701 | | PLATE NO. / STATE XLL 4378 / IL | DRIVER'S LICENSE NO. S555-1234-1234 |
| | VEHICLE OWNER'S NAME (Last, First, M.I.) SIMPSON, HOMER, J | | VEHICLE OWNER'S INSURANCE COMPANY Abstainers Insurance Company | |
| | VEHICLE OWNER'S ADDRESS (Street, City, State, Zip) 23 EVERGREEN TERRACE, SPRINGFIELD, IL, 62701 | | VEHICLE OWNER'S POLICY NO. H73773888S8 | |

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| VEHICLE OWNER'S ADDRESS (Street, City, State, Zip) | VEHICLE OWNER'S POLICY NO. | | |

Please use the information for your unit number above to assist you in completing your Illinois Motorist report.

(Retain this form for your records.)

Copies of IL Crash Reports may be obtained by sending a check or money order for \$5 per copy made payable to: Illinois State Police, Attn: Crash Report Unit, 500 Iles Park Place, Springfield, IL 62703-2982 or go to www.Illinoisepay.com

LEGAL REQUIREMENTS

The Driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of \$500 must complete an Illinois Motorist Report and submit it to the Illinois Department of Transportation within 10 days after the date of crash. If the driver is physically incapable of completing the report, the vehicle owner or another occupant of the vehicle should do so.

(REV 06/03)